

**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR TEST SHEET

MAIN CONTROL - DOC

DATE	LOCATION	STATUS	REMARKS
10-04-05	PROCESSING	BAD GOOD ✓	
"	KITCHEN AREA	BAD GOOD ✓	
"	ENTRANCE TO LIBRARY	BAD GOOD	

CENTRAL MALE DETENTION

DATE	LOCATION	STATUS	REMARKS
10-04-05	STORAGE-CONTROL	BAD GOOD ✓	Replaced Ball
"	RECEIVING AREA	BAD GOOD ✓	
"	HALLWAY-E/WING	BAD GOOD ✓	
"	HALLWAY-C/WING	BAD GOOD ✓	
"	HALLWAY-W/WING	BAD GOOD ✓	
"	ISOLATION CELL	BAD GOOD ✗	
"	CELL D-01	BAD GOOD ✓	
"	CELL D-02	BAD GOOD ✓	
"	CELL D-03	BAD GOOD ✓	
"	CELL D-04	BAD GOOD ✓	
"	CELL D-05	BAD GOOD ✓	
"	CELL D-06	BAD GOOD ✓	
"	CELL D-07	BAD GOOD ✓	
"	CELL D-08	BAD GOOD ✓	
"	CELL D-09	BAD GOOD ✓	
"	CELL D-10	BAD GOOD ✓	Replaced Ball
"	CELL D-11	BAD GOOD ✓	
"	CELL D-12	BAD GOOD ✓	
"	CELL D-13	BAD GOOD ✓	

FEMALE FACILITY-

DATE	LOCATION	STATUS	REMARKS
10-04-05	SALLY PORT	BAD GOOD	
"	SALLY PORT	BAD GOOD	
"	CELL F-01	BAD GOOD	
"	CELL F-02	BAD GOOD	

INSPECTED BY:

[Signature]
Logistic/Supply Officer

ACKNOWLEDGE BY:

OIC, Logistic/Supply

**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR TEST SHEET

MAIN CONTROL - DOC

DATE	LOCATION	STATUS	REMARKS
12-12-05	PROCESSING	BAD GOOD X	
"	KITCHEN AREA	BAD GOOD ✓	
"	ENTRANCE TO LIBRARY	BAD GOOD ✓	

CENTRAL MALE DETENTION

DATE	LOCATION	STATUS	REMARKS
DEC 12-05	STORAGE-CONTROL	BAD GOOD ✓	
"	RECEIVING AREA	BAD GOOD ✓	
"	HALLWAY-E/ WING	BAD GOOD ✓	
"	HALLWAY-C/WING	BAD GOOD ✓	
"	HALLWAY-W/WING	BAD GOOD ✓	
"	ISOLATION CELL	BAD GOOD X	NO UNIT
"	CELL D-01	BAD GOOD ✓	
"	CELL D-02	BAD GOOD ✓	
"	CELL D-03	BAD GOOD ✓	
"	CELL D-04	BAD GOOD ✓	
"	CELL D-05	BAD GOOD ✓	
"	CELL D-06	BAD GOOD ✓	
"	CELL D-07	BAD GOOD ✓	
"	CELL D-08	BAD GOOD ✓	
"	CELL D-09	BAD GOOD ✓	
"	CELL D-10	BAD GOOD ✓	
"	CELL D-11	BAD GOOD ✓	
"	CELL D-12	BAD GOOD ✓	
"	CELL D-13	BAD GOOD ✓	

FEMALE FACILITY

DATE	LOCATION	STATUS	REMARKS
X	SALLY PORT	BAD GOOD	X
X	SALLY PORT	BAD GOOD	X
X	CELL F-01	BAD GOOD	X
"	CELL F-02	BAD GOOD	

INSPECTED BY:

Logistic/Supply Officer

ACKNOWLEDGE BY:

OIC, Logistic/Supply

Department of Public Safety
Division of Corrections

SMOKE DETECTOR CHECK LIST

DOC ADMINISTRATION AREA

DATE	LOCATION	STATUS	REMARKS
12-12-05	Above Doris' desk	BAD GOOD ✓	
"	Above Xerox Machine	BAD GOOD ✓	
"	Supply Room	BAD GOOD	
"	Container	BAD GOOD ✓	
"	Bunker Area	BAD GOOD ✓	
"	Ofcrs. Supply Room	BAD GOOD ✓	

Inspected By:


Print Name & Sign

Acknowledge By"

OIC, Logistics & Supply

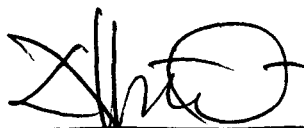
Department of Public Safety
Division of Corrections

SMOKE DETECTOR CHECK LIST

DOC ADMINISTRATION AREA

DATE	LOCATION	STATUS	REMARKS
007 24-5	Above Doris' desk	BAD GOOD ✓	
"	Above Xerox Machine	BAD GOOD ✓	
"	Supply Room	BAD GOOD ✓	
"	Container	BAD GOOD ✓	
"	Bunker Area	BAD GOOD ✓	
"	Ofcrs. Supply Room	BAD GOOD ✓	

Inspected By:



Print Name & Sign

Acknowledge By

OIC, Logistics & Supply

Department of Public Safety
Division of Corrections

SMOKE DETECTOR CHECK LIST

DOC ADMINISTRATION AREA

DATE	LOCATION	STATUS	REMARKS
10-04-5	Above Doris' desk	BAD GOOD ✓	
"	Above Xerox Machine	BAD GOOD ✓	
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"	Container	BAD GOOD ✓	
"	Bunker Area	BAD GOOD ✓	
"	Ofcrs. Supply Room	BAD GOOD ✓	

Inspected By:


Print Name & Sign

Acknowledge By"

OIC, Logistics & Supply

**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR TEST SHEET

MINIMUM SECURITY FACILITY

DATE	LOCATION	STATUS	REMARKS
12-12-05	Control Room	BAD GOOD ✓	
"	Main Hallway to Control Room	BAD GOOD ✓	
"	Male Section - H/W	BAD GOOD ✓	
"	Male Section - H/W	BAD GOOD ✓	
"	Male Section - H/W	BAD GOOD ✓	
"	Male Section - H/W	BAD GOOD ✓	
"	Male Section-Shower Area	BAD GOOD ✓	
"	Male Section-Visitation Area	BAD GOOD ✓	
"	RSAT-H/W	BAD GOOD ✓	
"	RSAT-H/W	BAD GOOD ✓	
"	RSAT-Shower Area	BAD GOOD ✓	
"	RSAT-Visitation Area	BAD GOOD ✓	

Inspected By: _____

Print Name & Sign

Acknowledge By: _____

OIC, Logistic & Supply

Department of Public Safety
Division of Corrections

SMOKE DETECTOR TEST SHEET

MINIMUM SECURITY FACILITY

DATE	LOCATION	STATUS	REMARKS
11/28/05	Control Room	BAD GOOD	
"	Main Hallway to Control Room	BAD GOOD	
"	Male Section - H/W	BAD GOOD	
"	Male Section - H/W	BAD GOOD	
"	Male Section - H/W	BAD GOOD	
"	Male Section - H/W	BAD GOOD	
"	Male Section- Shower Area	BAD GOOD	
"	Male Section- Visitation Area	BAD GOOD	
"	RSAT-H/W	BAD GOOD	
"	RSAT-H/W	BAD GOOD	
"	RSAT-Shower Area	BAD GOOD	
"	RSAT-Visitation Area	BAD GOOD	

Inspected By:


Print Name & Sign

Acknowledge By:

OIC, Logistic & Supply

**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR TEST SHEET

MINIMUM SECURITY FACILITY

DATE	LOCATION	STATUS	REMARKS
NOV 08 05	Control Room	BAD GOOD	
"	Main Hallway to Control Room	BAD GOOD	
"	Male Section - H/W	BAD GOOD	
"	Male Section - H/W	BAD GOOD	
"	Male Section - H/W	BAD GOOD	
"	Male Section - H/W	BAD GOOD	
"	Male Section-Shower Area	BAD GOOD	
"	Male Section-Visitation Area	BAD GOOD	
"	RSAT-H/W	BAD GOOD	
"	RSAT-H/W	BAD GOOD	
"	RSAT-Shower Area	BAD GOOD	
"	RSAT-Visitation Area	BAD GOOD	

Inspected By:


Print Name & Sign

Acknowledge By:

OIC, Logistic & Supply

**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR TEST SHEET

MINIMUM SECURITY FACILITY

DATE	LOCATION	STATUS	REMARKS
10-24-05	Control Room	BAD GOOD	
"	Main Hallway to Control Room	BAD GOOD	
"	Male Section - H/W	BAD GOOD	
"	Male Section - H/W	BAD GOOD	
"	Male Section - H/W	BAD GOOD	
"	Male Section - H/W	BAD GOOD	
"	Male Section-Shower Area	BAD GOOD	
"	Male Section-Visitation Area	BAD GOOD	
"	RSAT-H/W	BAD GOOD	
"	RSAT-H/W	BAD GOOD	
"	RSAT-Shower Area	BAD GOOD	
"	RSAT-Visitation Area	BAD GOOD	

Inspected By: _____

Print Name & Sign

Acknowledge By: _____

OIC, Logistic & Supply

**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR TEST SHEET

MINIMUM SECURITY FACILITY

DATE	LOCATION	STATUS	REMARKS
10-04-05	Control Room	BAD GOOD ✓	
"	Main Hallway to Control Room	BAD GOOD ✓	
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"	Male Section - H/W	BAD GOOD ✓	
"	Male Section - H/W	BAD GOOD ✓	
"	Male Section - H/W	BAD GOOD ✓	
"	Male Section- Shower Area	BAD GOOD ✓	
"	Male Section- Visitation Area	BAD GOOD ✓	
"	RSAT-H/W	BAD GOOD ✓	
"	RSAT-H/W	BAD GOOD ✓	
"	RSAT-Shower Area	BAD GOOD ✓	
"	RSAT-Visitation Area	BAD GOOD ✓	

Inspected By:



Print Name & Sign

Acknowledge By:

OIC, Logistic & Supply

**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR TEST SHEET

MEDIUM SECURITY/HFU/LIBRARY

DATE	LOCATION	STATUS	REMARKS
DEC 12-05	CELL MH-01	BAD GOOD ✓	
"	CELL MH-02	BAD GOOD ✓	
"	CELL MH-03	BAD GOOD ✓	
"	CELL MH-04	BAD GOOD ✓	
"	CELL MH-05	BAD GOOD ✓	
"	CELL MH-06	BAD GOOD ✓	
"	CELL MH-07	BAD GOOD ✓	
"	CELL MH-08	BAD GOOD ✓	
"	CELL MH-09	BAD GOOD ✓	
"	CELL MH-10	BAD GOOD ✓	
"	CELL MH-11	BAD GOOD ✓	
"	CELL MH-12	BAD GOOD ✓	
"	CELL MH-13	BAD GOOD ✓	
"	CELL MH-14	BAD GOOD ✓	
"	CELL MH-15	BAD GOOD ✓	
"	CELL MH-16	BAD GOOD ✓	
"	HALL WAY EAST	BAD GOOD ✓	
"	HALL WAY WEST	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	HFU	BAD GOOD ✓	
"	DOC LIBRARY	BAD GOOD ✓	
"	DOC LIBRARY	BAD GOOD ✓	

SPECIAL MANAGEMENT UNIT (SMU)

DATE	LOCATION	STATUS	REMARKS
DEC 12-05	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	CELL B-01	BAD GOOD ✓	
"	CELL B-02	BAD GOOD ✓	
"	CELL B-03	BAD GOOD ✓	
"	CELL B-04	BAD GOOD ✓	
"	CELL B-05	BAD GOOD ✓	
"	CELL B-06	BAD GOOD ✓	

Inspected by:

Logistics/Supply

Acknowledged by:

OIC, Logistics/Supply

**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR TEST SHEET

MEDIUM SECURITY/HFU/LIBRARY

DATE	LOCATION	STATUS	REMARKS
11-08-05	CELL MH-01	BAD GOOD ✓	
"	CELL MH-02	BAD GOOD ✓	
"	CELL MH-03	BAD GOOD ✓	
"	CELL MH-04	BAD GOOD ✓	
"	CELL MH-05	BAD GOOD ✓	
"	CELL MH-06	BAD GOOD ✓	Repld Batt
"	CELL MH-07	BAD GOOD ✓	
"	CELL MH-08	BAD GOOD ✓	
"	CELL MH-09	BAD GOOD ✓	
"	CELL MH-10	BAD GOOD ✓	
"	CELL MH-11	BAD GOOD ✓	
"	CELL MH-12	BAD GOOD ✓	
"	CELL MH-13	BAD GOOD ✓	
"	CELL MH-14	BAD GOOD ✓	Repld BATT
"	CELL MH-15	BAD GOOD ✓	
"	CELL MH-16	BAD GOOD ✓	
"	HALL WAY EAST	BAD GOOD X	
"	HALL WAY WEST	BAD GOOD X	
"	SALLY PORT	BAD GOOD X	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	HFU	BAD GOOD	
"	DOC LIBRARY	BAD GOOD	
"	DOC LIBRARY	BAD GOOD ✓	

SPECIAL MANAGEMENT UNIT (SMU)

DATE	LOCATION	STATUS	REMARKS
11-08-05	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	CELL B-01	BAD GOOD ✓	
"	CELL B-02	BAD GOOD ✓	
"	CELL B-03	BAD GOOD ✓	
"	CELL B-04	BAD GOOD ✓	
"	CELL B-05	BAD GOOD X	
"	CELL B-06	BAD GOOD ✓	

Inspected by: [Signature]
Logistics/Supply

Acknowledged by: _____
OIC, Logistics/Supply

**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR TEST SHEET

MEDIUM SECURITY/HFU/LIBRARY

DATE	LOCATION	STATUS	REMARKS
10-24-05	CELL MH-01	BAD GOOD ✓	
"	CELL MH-02	BAD GOOD ✓	
"	CELL MH-03	BAD GOOD ✓	
"	CELL MH-04	BAD GOOD ✓	
"	CELL MH-05	BAD GOOD ✓	
"	CELL MH-06	BAD GOOD ✓	
"	CELL MH-07	BAD GOOD ✓	
"	CELL MH-08	BAD GOOD ✓	
"	CELL MH-09	BAD GOOD ✓	
"	CELL MH-10	BAD GOOD ✓	
"	CELL MH-11	BAD GOOD ✓	
"	CELL MH-12	BAD GOOD ✓	
"	CELL MH-13	BAD GOOD ✓	
"	CELL MH-14	BAD GOOD ✓	
"	CELL MH-15	BAD GOOD ✓	
"	CELL MH-16	BAD GOOD ✓	
"	HALL WAY EAST	BAD GOOD X	UNIT NOT WORKING
"	HALL WAY WEST	BAD GOOD X	" " "
"	SALLY PORT	BAD GOOD X	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD X	TO HIGH TO REACH
"	HFU	BAD GOOD ✓	
"	DOC LIBRARY	BAD GOOD X	
"	DOC LIBRARY	BAD GOOD ✓	

PUNTS GOTTEN WET PUMPING LEAKAGE

SPECIAL MANAGEMENT UNIT (SMU)

DATE	LOCATION	STATUS	REMARKS
10-24-05	SALLY PORT	BAD GOOD	
"	SALLY PORT	BAD GOOD	
"	CELL B-01	BAD GOOD	
"	CELL B-02	BAD GOOD	
"	CELL B-03	BAD GOOD	
"	CELL B-04	BAD GOOD	
"	CELL B-05	BAD GOOD X	
"	CELL B-06	BAD GOOD	

Inspected by: [Signature]
Logistics/Supply

Acknowledged by: _____
OIC, Logistics/Supply

**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR TEST SHEET

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DATE	LOCATION	STATUS	REMARKS
	CELL MH-01	BAD GOOD ✓	
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"	CELL MH-03	BAD GOOD ✓	
"	CELL MH-04	BAD GOOD ✓	
"	CELL MH-05	BAD GOOD ✓	
"	CELL MH-06	BAD GOOD ✓	
"	CELL MH-07	BAD GOOD ✓	
"	CELL MH-08	BAD GOOD ✓	
"	CELL MH-09	BAD GOOD ✓	
"	CELL MH-10	BAD GOOD ✓	
"	CELL MH-11	BAD GOOD ✓	
"	CELL MH-12	BAD GOOD ✓	
"	CELL MH-13	BAD GOOD ✓	
"	CELL MH-14	BAD GOOD ✓	
"	CELL MH-15	BAD GOOD ✓	
"	CELL MH-16	BAD GOOD ✓	
"	HALL WAY EAST	BAD GOOD ✓	
"	HALL WAY WEST	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	HFU	BAD GOOD ✓	
"	DOC LIBRARY	BAD GOOD ✓	
"	DOC LIBRARY	BAD GOOD ✓	

SPECIAL MANAGEMENT UNIT (SMU)

DATE	LOCATION	STATUS	REMARKS
	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	CELL B-01	BAD GOOD ✓	
"	CELL B-02	BAD GOOD ✓	
"	CELL B-03	BAD GOOD ✓	
"	CELL B-04	BAD GOOD ✓	
"	CELL B-05	BAD GOOD ✓	
"	CELL B-06	BAD GOOD ✓	

Inspected by: _____
Logistics/Supply

Acknowledged by: _____
OIC, Logistics/Supply

DEPARTMENT OF PUBLIC SAFETY

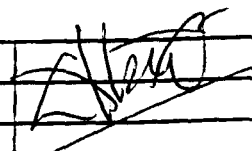
DIVISION OF CORRECTION

BREATHING APPARATUS INSPECTION SHEET

DATE	LOCATION	STATUS	REMARKS	INSPECTED BY:
10-01-05	II	15 PSI	4681	fyg
	I	20 PSI	4884	fyg
	III	20 PSI	4725	fyg

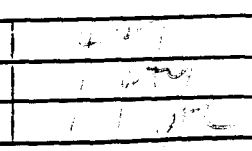
CONCURRED BY _____

Logistics, OIC

10-24-05	I	20 PSI	4884	
	II	15 PSI	4681	
	THREE	20 PSI	4725	

CONCURRED BY _____

Logistics, OIC

11-08-05	I	20 PSI	4884	
	II	15 PSI	4681	
	III	20 PSI	4725	

CONCURRED BY _____

Logistics, OIC

11-29-05	one	20 PSI	4884	fyg
	two	15 PSI	4681	
	three			

CONCURRED BY _____

Logistics, OIC

CONCURRED BY _____

Logistics, OIC

GUAM

P. O. Box 6754 • Tamuning, Guam 96931

Tel.: (671) 637-8959 • Fax: (671) 637-7996

*Service Guaranteed***SAIPAN**

P. O. BOX 10001, PMB 420 Saipan, MP 96950

Telephone: (670) 235-3041 • Fax: (670) 233-7679

TIME:**SERVICE RECORD**

Customer Name: _____

*Doc**12-05-98*

Contact Person (s): _____

Mr. Albert Delos Reyes

Service Location: _____

Guam

Mailing Address: _____

Telephone No.: _____

TYPE OF SERVICE ☐ Commercial ☐ Home Owner ☐ Hotel ☐ Termite Shield ☒ Others _____TYPE OF PEST ☒ Ants ☒ Roaches ☐ Rodents ☐ Flies ☐ Termites ☐ Others _____

Instructions: _____

Technician Comments: _____

*Inspected through out the entire
structure and exterior. band sprayed
along the wall structure for pre.
ventive maintenance. band sprayed
inside the admin. area. and all
the common areas.***MATERIALS USED***Inspected 20.***AMOUNT USED***20.*

Customer: _____

Doc / [Signature]

Print Name: _____

ALBERT S. DE REYES

Technician: _____

[Signature]

Time In: _____

Time Out: _____

THIS IS NOT AN INVOICE

GUAM

P. O. Box 6754 • Tamuning, Guam 96931

Tel.: (671) 637-8959 • Fax: (671) 637-7996

*Service Guaranteed***SAIPAN**

P. O. BOX 10001, PMB 420 Saipan, MP 96950

Telephone: (670) 235-3041 • Fax: (670) 233-7679

TIME:

SERVICE RECORDCustomer Name: Doc 12-02-05Contact Person (s): Mr. Albert Delos ReyesService Location: Garage

Mailing Address: _____

Telephone No.: _____

TYPE OF SERVICE ☐ Commercial ☐ Home Owner ☐ Hotel ☐ Termite Shield ☒ Others _____TYPE OF PEST ☐ Ants ☐ Roaches ☒ Rodents ☐ Flies ☐ Termites ☐ Others _____

Instructions: _____

Technician Comments: Inspected through and then ex-terior perimeter. Installed rodentbait along the perimeter gutterand on bait stations.**MATERIALS USED**Weather blocks.**AMOUNT USED**4 pgs.Customer: DocPrint Name: ALBERT D. REYESTechnician: Sean

Time In: _____ Time Out: _____

THIS IS NOT AN INVOICE

WORK ORDER NO.		SEGMENT	LABOR CHARGE CODE	OPERATION	EMPLOYEE NO. 3909	SHIFT 1	EMPLOYEE NAME R. CAMACHO		DATE 1/1/08	
SVL	WLD	HAL	SHP	FLD				RT	START	
CUSTOMER NAME B C C		CUST. NO.		STORE 13	COST CTR	F/R OR EXCH NO.			STOP	
MAKE Cat	MODEL 3306	SERIAL NUMBER 66846615			ARRG. NO.	STD HOURS	OT	START		
							PT	START		
OIL	DSL	LB1	L82				HOURS/MILES 123		STOP	

PART NUMBER RESPONSIBLE	PART NAME	QTY	DESC CODE	GROUP NUMBER CONTAINING PART	GROUP NAME	DID THIS INCIDENT MAKE THE PRODUCT INOPERABLE?		DESCRIPTIVE COMMENTS (20 SPACES MAXIMUM PER INCIDENT)
						<input type="checkbox"/> YES	<input type="checkbox"/> NO	
						<input type="checkbox"/> YES	<input type="checkbox"/> NO	
						<input type="checkbox"/> YES	<input type="checkbox"/> NO	

DESCRIPTION CODES* A - Structural C - Leaks E - System Malfunction G - General Repair K - Serviceability X - OPERATION COMPLAINT
 B - Surface D - Factory Assembly F - Factory Shipping H - Adjustment N - Abuse

RELATED SERIAL NUMBERS			COMPONENT ARRANGEMENT/TEST/SERIAL NUMBERS		LABOR CODE	DESCRIPTION	MAN HOURS
CATERPILLAR		OEM PRODUCT					
MODEL	SERIAL NO.	MAKE/MODEL	COMPONENT	NUMBER			
		VEHICLE CONFIGURATION					
		DELIVERY DATE					
					DATE OF LAST LABOR		

WHAT WAS THE CUSTOMER'S COMPLAINT?

ADDITIONAL COMMENTS ON THE CAUSE OF FAILURE?

WHAT WAS THE RESULTANT DAMAGE?

HOW DID YOU CORRECT IT? PERFORM MONTHLY INSPECTION.
 CHECK ALL FLUIDS. CHECK BASE TANK
 AND OUTSIDE FUEL TANK.
 RUN UNIT AND WARM UP.
 * BASE TANK - FULL
 * OUTSIDE - 3/4 TANK.

CUSTOMER SIGNATURE SERVICEMAN SIGNATURE



Commonwealth of the Northern Mariana Islands
Department of Public Health
Division of Public Health
Bureau of Environmental Health



MEMORANDUM

To : Acting Interior Secretary Tom Tebuteb
From : Environmental Health Tech-1
Copy : EHO, DSPH, Admin. Section & File
Cc : Deputy Director of D.O.C Juan M. Ayuyu
Date : Dec. 20, 2005
Subject : Inspection Report of Bolis R-Us Catering

At approximately 5:25 am. Health inspector Rodney Lifofoi and I (Jesse Rabauliman) conducted an inspection at the Bolis R-Us Catering Services. The following deficiencies were found during our inspection.

- Meat found underneath the sink in the kitchen area, being left out in the room temperature over night to thaw-out. All frozen food items must be properly thawed under running water, inside a refrigerator or in a microwave over.
- Eggs were left in temperature danger zone (kitchen room temperature) on the preparation table without proper chilling. Eggs must be properly chilled at 40° Fahrenheit if not to be use.
- Greasy kitchen floor. Kitchen floor needs to be provided with a non-slip rubber mat to prevent from slipping.
- Unorganized food items within the standing chiller. All food items within the chiller must be properly arranged and separated to prevent any cross-contamination from occurring.
- Non-food handlers within the food preparation area. Any person without a food handlers certificate is not allowed within the kitchen area or food preparation area.
- "FIFO" method must be implemented when storing of any food item.
- Pig-slob contain must be properly covered at all times to prevent fly infestation.

Note:

The above establishment was rated "C" and management was instructed to take immediate action on rectifying the deficiencies. A follow-up inspection is scheduled on Dec. 21, 2005.

COMMONWEALTH HEALTH CENTER
PRIMARY HEALTH CARE DIVISIONGOVERNMENT OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF PUBLIC HEALTH-ENVIRONMENTAL SERVICES

GOVERNMENT AND PUBLIC BUILDING INSPECTION REPORT

Building Dept. of Correction Location Susupe
Person in Charge Georgia Cabrera Address _____

1. Water Supply
A. OK Source: Approved, Protected and Properly located.
B. OK Drinking Facilities: Approved type, clean.
C. OK Waste Water: Approved drainage - no standing pools.
2. Toilet Facilities
A. OK Type: Adequate, approved.
B. OK Cross-connection all safety precautions used.
C. ✓ Maintenance: In good repair.
D. ✓ Floor, stools and seats cleaned daily.
E. ✓ Toilet paper: Available and accessible.
F. ✓ Light: Condition of seats readily observed.
G. OK Ventilation: Properly ventilated.
3. Lavatories
A. ✓ Hand washing Equipment lavatories, sinks - Approved.
B. OK Soap: Liquid or powdered soap.
C. OK Towels: Paper towels provided and properly stored.
D. OK Waste Water - Approved drainage. No standing pools.
4. Heating and Ventilation
A. Air Condition
OK Temperature 68.70°F
OK Frequency of air change sufficient to prevent odors.
B. OK Temperature control.
5. Lighting
Finish: OK Light color on wall, ceilings.
✓ Clean.
6. Building
A. Condition
✓ In reasonably good repair.
OK No fire or accident hazards.
✓ Neat.
✓ Floor clean.
B. Floor Space
OK Adequate for desk space.
✓ Clean.
C. Cleaning Methods
OK No dusting and sweeping during work hours.
D. Grounds
OK Well drained.
OK Trash, garbage - no fly breeding places.
✓ Clean.
E. OK Janitors room and supplies neat and clean.
7. Equipment
OK Waste paper basket approved and use.
8. Ground
OK No accident hazards.
OK Others.

Remarks:

(CMP) Federal Male Detention / Control - 1 building - Shower and restrooms still needs to be thoroughly scrubbed clean, walls and ceilings paint are peeling off, walls are filthy (needs to be scrubbed clean / repainted).
Intake - Sink is leaking (needs to repair defective p-trap).
Outside perimeter found beetle ant stains all over the front entrance.

Grisham

SANITARIAN

12.19.05

DATE

Received by: _____

DATE

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Vansam Guillermo M.
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 4/12/05 as part of the Food Handler Certification
requirements.

Certified by: [Signature] Date: 4/12/05

Form DPH-BEH 5 This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871 **28589**

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Buhay Eldon H.
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 4/12/05 as part of the Food Handler Certification
requirements.

Certified by: [Signature] Date: 4/12/05

Form DPH-BEH 5 This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871 **28576**

Commonwealth of the Northern Mariana Islands
Department of Public Health
Division of Public Health
Bureau of Environmental Health

FOOD HANDLER CERTIFICATE

Name (Last, First, Middle Initial) <u>MATEDIOS, AMADO</u>	Date of Birth <u>[Redacted]</u>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Social Security Number/Entry Permit Card Number <u>[Redacted]</u>	FHC Issue Date <u>04/26/05</u>	
Name of Business/Corp <u>BOLIS-R-US CATERING</u>	P.E. Date / Application and/or PE # <u>03/31/05</u>	
Location of Business/Employer <u>CHALAN KANOA DIST.3</u>	Date of Expiration (Coincide w/ Entry Permit) <u>03/31/06</u>	
Occupation <u>BAKER</u>	Country/Citizenship <u>P.I</u>	
<u>PEDRO T. UNTALAN</u> Deputy Secretary of Public Health		

() New
(☒) Renewal
() Duplicate Ref.:
() Replacement Ref.:

This Certificate must be readily available upon request by Health Inspectors.

Commonwealth of the Northern Mariana Islands
Department of Health **26629**
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: HISPERA JENITA A.
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 10/13/04 as part of the Food Handler Certification
requirements.

Certified by: [Signature] Date: 10/13/04

Form DPH-BEH 5 This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871

CERTIFICATE OF COMPLETION FOR WORKSHOP PARTICIPANTS
 Bureau of Environmental Health
 Department of Public Health
 Commonwealth of the Northern Mariana Islands

This is to certify that: SAITIS, MARITES
 has attended and completed the Food Handler Certification Workshop
 on: 10/13/05 as part of the Food Handler Certification
 requirements.
 Certified by: [Signature]
 Date: 10/13/05

Form DPH-BEH-6
 P.O. Box 500409 CK, Saipan, MP 96950
 Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871

CERTIFICATE OF COMPLETION FOR WORKSHOP PARTICIPANTS
 Bureau of Environmental Health
 Department of Public Health
 Commonwealth of the Northern Mariana Islands

This is to certify that: MARIEDIOS, AMARO
 has attended and completed the Food Handler Certification Workshop
 on: 04/12/05 as part of the Food Handler Certification
 requirements.
 Certified by: [Signature]
 Date: 04/12/05

Form DPH-BEH-6
 P.O. Box 500409 CK, Saipan, MP 96950
 Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871

Commonwealth of the Northern Mariana Islands
 Department of Public Health
 Bureau of Environmental Health

FOOD HANDLER CERTIFICATE

Name (Last, First, Middle Initial) BUHAY, ELDEN	Date of Birth 09/20/63 Sex <input type="radio"/> M <input checked="" type="radio"/> F
Social Security Number/Entry Permit Card Number 586-90-7095	FHC Issue Date 04/26/05
Name of Business/Corp BOLIS-R -US CATERING	P.E. Date / Application and/or PE # 03/31/05
Location of Business/Employer CHALAN KANOA DIST. 3	Date of Expiration (Coincide w/ Entry Permit) 03/31/06
Occupation COOK/HELPER	Country/Citizenship P.I
<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Duplicate Ref.: <input type="checkbox"/> Replacement Ref.:	

PEDRO T. UNTALAN
 Deputy Secretary of Public Health

This Certificate must be readily available upon request by Health Inspectors.
 P.O. Box 500409 CK, Saipan, MP 96950
 Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871

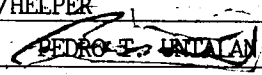
Commonwealth of the Northern Mariana Islands
 Department of Public Health
 Bureau of Environmental Health

FOOD HANDLER CERTIFICATE

Name (Last, First, Middle Initial) LABARDA, MA. THELMA	Date of Birth 04/06/67 Sex <input type="radio"/> M <input checked="" type="radio"/> F
Social Security Number/Entry Permit Card Number 586-33-4894	FHC Issue Date 07/20/05
Name of Business/Corp BOLIS R US	P.E. Date / Application and/or PE # 06/28/05
Location of Business/Employer CHALAN KANOA	Date of Expiration (Coincide w/ Entry Permit) 06/28/06
Occupation KITCHEN HELPER	Country/Citizenship PI
<input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate Ref.: <input type="checkbox"/> Replacement Ref.:	

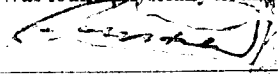
PEDRO T. UNTALAN
 Deputy Secretary of Public Health

This Certificate must be readily available upon request by Health Inspectors.
 P.O. Box 500409 CK, Saipan, MP 96950
 Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871

Commonwealth of the Northern Mariana Islands Department of Public Health Division of Public Health Bureau of Environmental Health	
FOOD HANDLER CERTIFICATE	
Name (Last, First, Middle Initial) YANSAN, GUILLERMO	Date of Birth Sex 06/25/64 <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Social Security Number/Entry Permit Card Number 586-43-4961	FHC Issue Date 04/26/05
Name of Business/Corp BOLIS-R-US CATERING	P.E. Date / Application and/or PE # 03/31/05
Location of Business/Employer CHALAN KANOA DIST. 3	Date of Expiration (Coincide w/ Entry Permit) 03/31/06
Occupation BAKER/HELPER	Country/Citizenship P. I.
 PEDRO T. UNTALAN Deputy Secretary of Public Health	<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Duplicate Ref.: <input type="checkbox"/> Replacement Ref.:

This Certificate must be readily available upon request by Health Inspectors.

Form DPH-BEH 6 P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871 **23265**

Commonwealth of the Northern Mariana Islands Department of Public Health Office of the Secretary HEALTH CLEARANCE THIS IS TO CERTIFY THAT	
LIIDS Number	188252
Full Name:	AMADO YERRO MATEDIOS
Employer:	BOLIS R US
Was examined on:	3/31/05 At: ISLAND MEDICAL CENTER
Was found physically fit and free of communicable disease.	
Secretary of Health or Designee 	Expiration Date 3/31/06

221135

DPS Fire Division Inspection Report

Case Number

05-190

Fire Prevention Section Tel 664 9077/ 78/ 80 Fax 664-9009

Capitol Hill House #1368

Page 1 of 2

Inspection Date

12/19/05

Time of Inspection

0830

Establishment Name

DEPARTMENT OF CORRECTION

Lot/Tract Number

Location

RY DPS CENTRAL

Village

SUSUPE

Establishment Owner

GOVERNMENT

Manager/Person in Charge

MAJOR AYUYU

Telephone

664-9115

Alt. Telephone

664-9061

FAX

Mailing Address

Building/Complex

GOVERNMENT

Building Owner

GOVERNMENT

Bldg Owner Contact#

Structure

CONCRETE

Interior Wall Construction

CONCRETE

of Stories of Building

1

of Exits at Grnd Level

11

Number of Elevators

4

Number of Stairwells

6

Occupancy

Penitentiary

Type of Inspection

FIRE SAFETY INSPECTION

Occupancy Code

B

Exit Doors

11

Number of Floors

1

Number of Rooms/Units

41

Occ. Length/Feet

Occ. Width/Feet

Area: Feet

0

UFC Article

1,9,10,11,12,13,85

2CMC Division Chapter 3 & P.L. 11-56

Reinspection Date

Reinspection Time

Reinspection Remarks

Requirements

THE ESTABLISHMENT HAS COMPLIED WITH P.L. 11-56 CMC1
FIRE SAFETY CODE.

Emergency Lights

10

No Smoking Signs

4

Smoke Detectors

4A

Fire Alarm System

6

Last Alarm Test

6

F. Alarm Cert./Test Co.

Auto. Sprinkler

6

Last Sprinkler Test/Cert

6

A. Sprink Cert./Test Co.

Hood & Duct Sys

6

Last System Test/Cert

6

Hood & Duct Cert./Test Co.

Standpipe Sys

6

Standpipe Class

6

Standpipe Cert./Test Co.

Other Extinguishing Systems

Last Test Date

Extinguishing Sys. Cert./Test Co.

Fuel Container Volume

500 Gal

Fuel Service Company

MOBIL

Type of Fuel Tank

Steel

Certification Date

Exit Signs

Self Luminescent

Placard: Non-Luminescent

12

Placard: Reflectory/Flourescent

Fire Extinguishers

Dry Chemical

Carbon Dioxide

Halon

Water

Dry Powder

Disposition

Approved

Disapproved

Accompanied By

ALBERT D. L. REYES

Signed:

12-20-05

Date:

Witness

Code Enforcement Officer

Inspector

DANIEL R. SUE

Time Completed

Any exceptions allowable within the Uniform Fire Code are subject to the approval of the DPS-Fire Director

Remarks/Comments/Requirements	

[illegible]

A hand-drawn map showing a street layout. A vertical line on the left represents a road, with a north arrow pointing upwards. A horizontal line represents a street. On the left side of the street, there is a building labeled 'RSAT'. On the right side, there is a building labeled 'FIRE STATION'. Below the street, there are three buildings: 'SPS' (a vertical rectangle), 'CMD' (a horizontal rectangle), and 'DOC' (a large square). A vertical line labeled 'DOC' is also shown between 'SPS' and 'CMD'.

Inspector

Witness